



2710 WINONA AVENUE  
BURBANK, CA 91504

T 818.847.0040  
F 818.847.0048  
www.csatf.org

**2019/2020**  
**Local Provided Training**  
**Skills Training Application**

This application packet consists of the Skills Training Application and the Course Reference List.

Your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. There is no reimbursement for Local Provided Training.

**Eligibility:**

- For Roster classifications, you must be active on the Roster for the applicable Local and classification, with an unexpired Form I-9 and be in compliance with Safety Pass training requirements. You may check your status at: [www.csatf.org](http://www.csatf.org), left navigation under Online Roster, click on General Access.
- For Non Roster classifications, you must be reflected on the Online Roster in the applicable Local and classification and be in compliance with Safety Pass training requirements. If your name is not reflected on the Online Roster, you must provide proof of at least 30 workdays, of applicable and signatory employment within the past two years, in the form of either an employment verification letter from a payroll company or employer with exact work dates, Local number, job classification, and Social Security number **or** copies of pay stubs with actual work hours/dates (sick, vacation, holiday and travel time are not eligible), Local number or code, and job classification. More than one form of employment verification may be needed.

For questions regarding training dates, course content and scheduling, please contact your Local.

**This form must be completed, signed, and returned as instructed below. Submit one signed application for each requested course. Please allow 1-2 weeks for processing.**

Print all information completely and legibly. Personal information will be updated accordingly.

Name: \_\_\_\_\_ Last four digits of SSN\*: \_\_\_\_\_  
\*First time applicants must provide full SSN

Local: \_\_\_\_\_ Classification: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #:  (None) ( ) - Home #:  (None) ( ) - Email:  (None)

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_ Course Reference List #: \_\_\_\_\_  
(Please write course name exactly as it appears on the Course Reference List)

**I have read, understood and agree to all the terms and conditions listed above:**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this form to CSATTF via email to [skillstraining@csatf.org](mailto:skillstraining@csatf.org), in person, by fax or mail.**

CSATTF Attn: Skills Training  
2710 Winona Avenue  
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260  
Fax Number: 818.847.0048

**For Office Use Only**

Form I-9 Exp. Date: \_\_\_\_\_ Safety Pass Compliant: \_\_\_\_\_ Completed by: \_\_\_\_\_

Skills Training Application Expires: \_\_\_\_\_  Approved  Denied



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**2019/2020  
Local Provided Training  
Course Reference List #300**

**Skills Training courses for Local #80:**

<b>Course Number</b>	<b>Course Name</b>
300-46	1 <sup>st</sup> Aid CE
300-47	Location Protection
300-48	Camera Crane
300-49	Dolly Operation 1
300-50	Dolly Operation 2
300-53	Rigging 2